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CONFIRMATION NO. 9154

SERIAL NUMBER 09/822,802	FILING DATE 03/30/2001 RULE	CLASS 705	GROUP ART UNIT 2161	ATTORNEY DOCKET NO. 13207.7USU1
APPLICANTS Robert Case, Chicago, IL;				
** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/193,883 03/31/2000				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 05/17/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY IL	SHEETS DRAWING 13	TOTAL CLAIMS 21
Verified and Acknowledged Examiner's Signature _____ Initials _____		INDEPENDENT CLAIMS 2		
ADDRESS 23552				
TITLE System and method for providing wireless communication of medical test requests and results				
FILING FEE RECEIVED 858	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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CONFIRMATION NO. 9154

SERIAL NUMBER 09/822,802	FILING DATE 03/30/2001 RULE	CLASS 705	GROUP ART UNIT 3626	ATTORNEY DOCKET NO. 13207.7USU1
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APPLICANTS

Robert Case, Chicago, IL;

** CONTINUING DATA *****

This appln claims benefit of 60/193,883 03/31/2000

OK NP

NONE NP

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 05/17/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Verified and Acknowledged Examiner's Signature <u>NP</u> Initials <u>NP</u>	STATE OR COUNTRY IL	SHEETS DRAWING 13	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 2
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ADDRESS

Tom Witty
 Quantech Ltd.
 815 Northwest Boulevard
 St. Paul, MN
 55121

TITLE

System and method for providing wireless communication of medical test requests and results

FILING FEE RECEIVED 858	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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